FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
03-CA-294738	4/27/2022	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in	which the alleged unfair labor practice occurred or is occ	urring.	
1. EMPL	OYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer		b. Tel. No.	
Rutland Regional Health Services		802-258-3070	
		c. Cell No.	
		f. Fax. No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	a a mail	
160 Allen St., Rutland, VT 05701	F. David Harlow, Esq. Downs Rachlin Martin 132 Main Street, Suite 212	g. e-mail	
	Brattleboro, VT 05301	h. Number of workers employed	
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Health Care		
		tion 0(a) subsections (4) and	
The above-named employer has engaged in and is engaged			
(list subsections) 8 (a)(3) of the National Labor Relations Act, and these unfair labor			
practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the			
meaning of the Act and the Postal Reorganization Act.			
 Basis of the Charge (set forth a clear and concise state Within the last six months, the Employer has unlar activities. 	wfully discriminated against employee (b) (6), (b) (7)	practices) (C) based on protected concerted	
Full name of party filing charge (if labor organization, g.)	ive full name, including lead name and number)		
Luke G. Liacos, Esq.	ive full frame, including local frame and frumber)		
		di T-l N-	
4a. Address (Street and number, city, state, and ZIP code) Feinberg, Dumont & Brennan 177 Milk Street, Suite 300, Boston, MA 02109		4b. Tel. No.	
		617-338-1976	
		4c. Cell No.	
		4d. Fax No.	
		4e. e-mail	
		lgl@fdb-law.com	
5. Full name of national or international labor organization	n of which it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor organization)	
Office and Proffessional Employees International	Union Local No. 6		
6. DECLARATION		Tel. No.	
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		617-338-1976	
/s/ Luke G. Liacos	Luke G. Liacos, Esq.	Office, if any, Cell No.	
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No.	
177 Milk Street, Suite 300, Boston, MA (Date April 25, 2022	e-mail lg1@fdb-law.com	
		-British Inti-Colli	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.